



Program Proposal Worksheet

Parks and Recreation

All proposals are subject to approval by the Parks and Recreation Department. Please do not assume your program will be offered until you are notified by a supervisor.

Season:

- Fall/Winter (Sept-Feb)
 Spring (March-May)
 Summer (Jun-Aug)

Program: _____

Submitted by: _____

Program description: (limit 2-3 sentence description)

Days	Start Date	End Date	# of classes/weeks	Time Start/End	Min Age	Max Age	Min Enrolled	Max Enrolled

No class dates: _____

Fees

Your fee per participant: \$_____

Your "fee" pertains to the fee you expect to receive for each participant in the program including material fees.

Parent participation program: Yes No
 If yes, does the fee include the parent? Yes No
 If no, what is the cost for the parent? _____

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Program Information

Daily Class Outline:

Participant reminders:

(This refers to text printed on the customer's receipt. We cannot guarantee students will receive this information.)

Facility Information

Is the City of Encinitas providing the facility/park site for your program?

Yes

No

If the program is in a City facility/park site, indicate what your needs are below:

- | | |
|---|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Chairs (quantity: _____) |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Tables (quantity: _____) |
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> TV |
| <input type="checkbox"/> White board | <input type="checkbox"/> DVD player |
| <input type="checkbox"/> Podium w/mic | <input type="checkbox"/> Boom Box w/CD player |
| <input type="checkbox"/> Podium (no mic) | <input type="checkbox"/> LCD Projector |
| <input type="checkbox"/> Overhead Projector | |

For program facilities not provided by the City of Encinitas, please list the address and phone number.

Address: _____ Phone: _____

Additional facility/park site information for supervisor:

Certifications

- CPR/AED certification current (expiration date: _____)
- First Aid certification current (expiration date: _____)

Instructors may be required to have a current certification. Copies of all certifications must be on file with your supervisor.

Contact Information

Name: _____

Address: _____

Phone: _____

E-mail: _____

Web site: _____